



# North Dakota Medicaid

Rev. 10-2003

## Trading Partner Agreement Companion Guide

### 271 Health Care Eligibility Benefit Response -- ANSI X12 4010A1

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 271 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 271 Health Care Eligibility Benefit Response 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
							Eligibility information returned is not a guarantee of claims payment. Information received will not be modified to determine a recipient eligibility match. If no match or several matches are found, an appropriate reject reason will be returned. 271 transactions will be returned in the same ANSI version format as the corresponding 270 request received.
		ISA	Interchange Control Header	ISA05	Interchange ID Qualifier	2	Enter the value 'ZZ', mutually defined.
		ISA	Interchange Control Header	ISA06	Interchange Sender ID	15	Enter 'NDDHSMED'
		ISA	Interchange Control Header	ISA07	Interchange ID Qualifier	2	Enter the value 'ZZ', mutually defined.
		ISA	Interchange Control Header	ISA08	Interchange Receiver ID	15	Enter the nine-digit vendor number assigned by North Dakota Department of Human Services.
		ISA	Interchange Control Header	ISA16	Component Element Separator	1	North Dakota Medicaid prefers '>' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator
		GS	Functional Group Header	GS02	Application sender's code	15	Enter the same value as ISA06, 'NDDHSMED'
		GS	Functional Group Header	GS03	Application receiver's code	15	Enter the same value as ISA08, the nine-digit vendor number assigned by the North Dakota Department of Human Services.
		GS	Functional Group Header	GS08	Version / release / industry identifier code	12	Enter the value '004010X092A1', the HIPAA mandated implementation guide release for this transaction.
	Header	ST	Transaction Set Header	ST01	Transaction Set Identifier Code	3	'271'
2000A	Information Source Level	AAA	Request Validation	AAA01	Yes/No Condition or Response Code	1	Y OR N
2000A	Information Source Level	AAA	Request Validation	AAA03	Reject Reason Code	2	'04' - Authorized Quantity Exceeded. '42' - Unable to Respond at Current Time
2000A	Information Source Level	AAA	Request Validation	AAA04	Follow-up Action Code	1	'C' - Please Correct and Resubmit
2100A	Information Source Name	AAA	Request Validation	AAA01	Yes/No Condition or Response Code	1	'Y' OR 'N'
2100A	Information Source Name	AAA	Request Validation	AAA03	Reject Reason Code	2	'04' - Authorized Quantity Exceeded, '79' - Invalid Participant Identification, 'T4' - Payer Name or Identifier Missing, '42' - Unable to Respond at Current Time

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2100A	Information Source Name	AAA	Request Validation	AAA04	Follow-up Action Code	1	'C' Please Correct and Resubmit
2100A	Information Source Name	NM1	Information Source Name	NM101	Entity Identifier Code	3	'PR' = Payer
2100A	Information Source Name	NM1	Information Source Name	NM102	Entity Type Qualifier	1	'2' = non person entity
2100A	Information Source Name	NM1	Information Source Name	NM103	Name Last or Organization Name	35	'Medicaid', 'HCBC', 'CSHS', 'BCAP', 'DD'
2100A	Information Source Name	NM1	Information Source Name	NM108	Identification Code Qualifier	2	'FI' = Federal Taxpayer's Identification Number
2100A	Information Source Name	NM1	Information Source Name	NM109	Identification Code	35	Medicaid (45-0431266), HCBC (45-0431266), CSHS (45-0431266), BCAP (45-0431266), DD(45-0431266)
2100A	Information Source Name	PER	Information Source Contact Information	PER01	Contact Function Code	2	'IC' Information Contact
2100A	Information Source Name	PER	Information Source Contact Information	PER02	Name	60	Provider Relations, Aging Services Division, Childrens Special Health, Basic Care Assistance Program,DD Provider Relations
2100A	Information Source Name	PER	Information Source Contact Information	PER03	Communication Number Qualifier	2	'TE' = Telephone
2100A	Information Source Name	PER	Information Source Contact Information	PER04	Communication Number	80	701-328-4030 (Medicaid), 701-328-8910 (HCBC), 701-328-2436 (CSHS), 701-328-2332 (BCAP), 701-328-8938 (DD)
2100A	Information Source Name	PER	Information Source Contact Information	PER05	Communication Number Qualifier	2	'TE' = Telephone
2100A	Information Source Name	PER	Information Source Contact Information	PER06	Communication Number	80	701-328-4030 (Medicaid), 701-328-8910 (HCBC), 701-328-2436 (CSHS), 701-328-2332 (BCAP), 701-328-8938 (DD)
2100B	Information Receiver Name	AAA	Request Validation	AAA01	Yes/No Condition or Response Code	1	'Y' OR 'N'
2100B	Information Receiver Name	AAA	Request Validation	AAA03	Reject Reason Code	2	'04' - Authorized Quantity Exceeded.
2100B	Information Receiver Name	AAA	Request Validation	AAA04	Follow-up Action Code	1	'C' - Please Correct and Resubmit
2100B	Information Receiver Name	NM1	Information Receiver Name	NM101	Entity Identifier Code	3	'1P' - Provider
2100B	Information Receiver Name	NM1	Information Receiver Name	NM102	Entity Type Qualifier	1	'1' - Person, '2' - Non-Person Entity
2100B	Information Receiver Name	NM1	Information Receiver Name	NM108	Identification Code Qualifier	2	'SV' = Service Provider Number
2100B	Information Receiver Name	NM1	Information Receiver Name	NM109	Identification Code	80	North Dakota Medicaid Provider Number
2100C	Subscriber Name	AAA	Request Validation	AAA01	Yes/No Condition or Response Code	1	'Y' OR 'N'
2100C	Subscriber Name	AAA	Request Validation	AAA03	Reject Reason Code	2	'42', '73', '71', '60', '61', '62', '74', '75' see guide for definitions
2100C	Subscriber Name	AAA	Request Validation	AAA04	Follow-up Action Code	1	'C' - Please Correct and Resubmit
2100C	Subscriber Name	DMG	Subscriber Demographic Information	DMG01	Date Time Period Format Qualifier	3	'D8'
2100C	Subscriber Name	DMG	Subscriber Demographic Information	DMG02	Date Time Period	35	North Dakota Medicaid Recipient Date of Birth
2100C	Subscriber Name	DMG	Subscriber Demographic Information	DMG03	Gender Code	1	'M' OR 'F' OR 'U' (Unknown)
2100C	Subscriber Name	DTP	Subscriber Date	DTP01	Date/Time Qualifier	3	From 270 transaction
2100C	Subscriber Name	DTP	Subscriber Date	DTP01	Date/Time Qualifier	3	From 270 transaction

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2100C	Subscriber Name	DTP	Subscriber Date	DTP02	Date Time Period Format Qualifier	3	D8 OR RD8
2100C	Subscriber Name	DTP	Subscriber Date	DTP03	Date Time Period	35	From 270 transaction (Eligibility Begin Date)
2100C	Subscriber Name	NM1	Subscriber Name	NM101	Entity Identifier Code	3	'IL' = Insured or Subscriber
2100C	Subscriber Name	NM1	Subscriber Name	NM102	Entity Type Qualifier	1	'1' - Person
2100C	Subscriber Name	NM1	Subscriber Name	NM103	Name Last or Organization Name	35	North Dakota Medicaid Recipient Last Name
2100C	Subscriber Name	NM1	Subscriber Name	NM104	Name First	35	North Dakota Medicaid Recipient First Name
2100C	Subscriber Name	NM1	Subscriber Name	NM108	Identification Code Qualifier	2	'MI' = Member Identification Number
2100C	Subscriber Name	NM1	Subscriber Name	NM109	Identification Code	80	North Dakota Medicaid Recipient Number
2110C	Subscriber Eligibility or Benefit Information	AAA	Request Validation	AAA01	Yes/No Condition or Response Code	1	'Y' OR 'N'
2110C	Subscriber Eligibility or Benefit Information	AAA	Request Validation	AAA03	Reject Reason Code	2	'73', '71', '60', '61', '62', '74', '75' see guide for definitions
2110C	Subscriber Eligibility or Benefit Information	AAA	Request Validation	AAA04	Follow-up Action Code	1	'C' - Please Correct and Resubmit
2110C	Subscriber Eligibility or Benefit Information	DTP	Subscriber Eligibility/Benefit Date	DTP01	Date/Time Qualifier	3	'307' = Eligibility, '435' = Admission, '472' = Service
2110C	Subscriber Eligibility or Benefit Information	DTP	Subscriber Eligibility/Benefit Date	DTP02	Date Time Period Format Qualifier	3	'D8' or 'RD8'
2110C	Subscriber Eligibility or Benefit Information	DTP	Subscriber Eligibility/Benefit Date	DTP03	Date Time Period	35	This date applies to the data in the EB segment and should only reflect the DOS on the 270 request
2110C	Subscriber Eligibility or Benefit Information	EB	Subscriber Eligibility or Benefit Information	EB01	Eligibility or Benefit Information	2	Medicaid (L, R, N, MC, 1, 6, 7, B, Y), HCBC, DD & CSHS(F, 6), BCAP (F, 6, Y)
2110C	Subscriber Eligibility or Benefit Information	EB	Subscriber Eligibility or Benefit Information	EB02	Coverage Level Code	3	IND = Individual
2110C	Subscriber Eligibility or Benefit Information	EB	Subscriber Eligibility or Benefit Information	EB03	Service Type Code	2	'30' - Health Benefit Plan Coverage, 'AL' - Vision(Optomtry) for Last eye exam, 'AM' - Frames for Last Frames received, 'AO' - Lenses for Last Lens received
2110C	Subscriber Eligibility or Benefit Information	EB	Subscriber Eligibility or Benefit Information	EB04	Insurance Type Code	3	TPL reference code, Medicaid ('MC' or 'QM'), HCBC, CSHS, DD, & BCAP ('OT')
2110C	Subscriber Eligibility or Benefit Information	EB	Subscriber Eligibility or Benefit Information	EB07	Monetary Amount	18	If Deductible, Copay or Recipient Liability is returned, \$ amount goes here, used for Medicaid (RL only) and BCAP only
2110C	Subscriber Eligibility or Benefit Information	EB	Subscriber Eligibility or Benefit Information	EB08	Percent	10	Only for HCBC